



STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106-1500
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

ELECTED OFFICIAL SERVICE

Directions:

1. Complete Member Section A.
2. Forward to State of Connecticut or Political Subdivision for completion of Section B.
3. Return completed form to CTRB.

A: Member Section

Member Name _____ SSN _____
Current Address _____
Member Signature _____ Date _____

B: Employer Section (To be completed by State of Connecticut or Political Subdivision)

I hereby certify that the salary amounts listed below were paid as indicated to the above named individual for service rendered as an Elected Official of the State of Connecticut or any political subdivision of the State of Connecticut during the 1978 calendar year or thereafter.

Employee Name _____ Employee # _____
Start Date _____ Termination Date _____
Beginning Salary \$ _____ Assignment _____
Name and Title of person completing this form _____
Signature _____ Date _____

School Year (July-June)	Annual Salary Rate Month	Salary Increases New Rate Month	Bonus New Rate Month	Remarks
Example: 1979-80	\$5000 9/1	\$5500 1/15	\$5800 4/5	